

**VOLUNTEER JUNIOR COUNSELOR APPLICATION  
ELAWA FARM FOUNDATION**



Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Birthday: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Have you been a Junior Counselor or CIT previously? Yes No

If yes, at which camp? \_\_\_\_\_

Choose which week/camp for 2017

**Sprouts: for children entering 1<sup>st</sup> or 2<sup>nd</sup> grade in fall 2016**

Training and preparation: TBD

Session I: June 5 – 9 CIT hours: Monday – Friday, from 8:00 am– noon

Session II: Aug 7 – 11 CIT hours: Monday – Friday, from 8:00am - noon

**Gardening Adventures: for children entering 5<sup>th</sup> or 6<sup>th</sup> grade**

Training and preparation: TBD

Camp: Monday – Friday TBD

Please tell us why you would like to become a Volunteer Junior Counselor; \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please tell us your experience working with children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any hobbies, school sports, clubs or special honors: \_\_\_\_\_

\_\_\_\_\_

Do you have any conflicts that may interfere with your Volunteer Junior Counselor experience?

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I certify that I have personally completed this application and that the information is correct to the best of my ability. I understand that falsification may be grounds for disqualification or dismissal

Application deadline: May 15, 2016

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

